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# Program Memorandum

## Intermediaries/Carriers

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Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

Transmittal AB-00-17

Date: MARCH 2000

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### CHANGE REQUEST 1112

#### **SUBJECT: Clarification of Liver Transplant Policy**

Effective December 10, 1999, the coverage policy on liver transplantation was revised to remove the exclusion for patients whose end-stage liver disease was caused by hepatitis B. Some of the contractors have raised the following questions:

- Q1: Is transplantation of a donor liver from a hepatitis B donor acceptable, or is this still considered investigational?
- A1: There is no national Medicare policy on organ donors. Hospitals are required to abide by any Organ Procurement Transplant Network (OPTN) rule that may be applicable (42 CFR 482.45). If a contractor learns of a transplant center that is not in compliance with the OPTN rules, it should report the information to HCFA so that a review can be initiated. The penalty for noncompliance is the potential loss of certification of the hospital as a transplant center rather than noncoverage of an individual claim.
- Q2: Is there any limit to the number of retransplantations; and/or are there any requirements clarifying reasonable and necessary for retransplants (refer to CIM §35-53B)?
- A2: There are no national Medicare policies that limit the number of retransplantations or clarify when retransplantation is reasonable and necessary, and thus, contractor discretion applies.
- Q3: Is hepatitis B immunoglobulin or intravenous immunoglobulin (IVIG) for prevention of reinfection of the transplant and its recipient with hepatitis covered?
- A3: There is no national Medicare policy on either hepatitis B immunoglobulin or IVIG. Coverage is left to contractor discretion.
- Q4: Is it correct that transplantation for other hepatitis types, e.g., hepatitis C, is covered?
- A4: Yes. National coverage instructions provide for coverage of liver transplantation for all end-stage liver disease other than malignancy. No type of hepatitis would exclude a person from Medicare coverage.
- Q5: Is tumor size an issue in regard to the malignancy exclusion?
- A5: No, tumor size is not considered when making a "reasonable and necessary" determination. Malignancy (e.g. liver neoplasm) remains an exclusion to coverage of liver transplantation.
- Q6: Should any of the questions above be handled with local medical review policies (LMRPs)?
- A6: Contractors may develop LMRPs when there is no national policy or they believe there is potential program abuse or aberrant utilization patterns in their area.

**The *effective date* for this Program Memorandum (PM) is not applicable.**

**The *implementation date* for this PM is not applicable.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after February 28, 2001.**

**If you have any questions, contact Jackie Sheridan at 410-786-4635.**